

The Honorable Lauren King

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT SEATTLE**

STATE OF WASHINGTON, et al.,

Plaintiffs,

v.

DONALD J. TRUMP, in his official capacity
as President of the United States, et al.,

Defendants.

NO. 2:25-cv-00244-LK

DECLARATION OF M.S.

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ATTORNEY GENERAL OF WASHINGTON
Complex Litigation Division
800 Fifth Avenue, Suite 2000
Seattle, WA 98104
(206) 464-7744

1 I, M.S., declare as follows:

2 1. I am over the age of 18, competent to testify as to the matters herein, and make
3 this declaration based on my personal knowledge.

4 2. I live in Federal Way, Washington, with my husband and daughter. I am an IT
5 Developer/Analyst.

6 3. My child is transgender femme. I have chosen to use my initials and refer to my
7 child in this declaration as “Child C” because I am fearful for her and our family’s safety and
8 privacy in the current political climate.

9 4. My daughter is currently 17 years old and attends high school. When she was
10 born, she was designated male on her birth certificate, but her gender identity is transgender
11 femme.

12 5. In the summer of 2020, when Child C was 13 years old and entering the eighth
13 grade, she told my husband and I that she was non-binary, wanted to use a new first name, and
14 would like to be referred to by they/them pronouns. I began to learn as much as possible
15 regarding how I could support my child—I read books, articles and blogs, joined social media
16 groups, and tried to absorb as much information as possible. Per her request, we immediately
17 changed her first name at her school before the school year began so she would feel comfortable
18 when she started classes.

19 6. In early 2022, about a month before her 15th birthday, Child C asked about
20 starting hormones. We originally were going to wait until her upcoming well child visit to get a
21 referral to a gender clinic, but, as time went on, she became more and more withdrawn and
22 depressed. She was also experiencing a lot of body dysphoria. She told me, “I hate everything
23 about my body.” I could see she was struggling and experiencing mental distress. Our normally
24 outgoing and clever child had disappeared.

25 7. Soon after her 15th birthday, Child C decided that her pronouns were she/her and
26 she identified as trans femme. A week later, Child C wore a skirt to school for the first time. A

1 week after that, she wore a skirt for her band concert in front of a large audience of students and
2 family members. There were lots of changes happening, but Child C was still not on hormones
3 at this point.

4 8. It took a couple of months to get the referral from her primary care doctor
5 processed at the gender clinic and have the intake calls—one for her, and a separate one for us
6 as parents. After the intake, we waited nearly three more months for the initial appointment with
7 her care team. While we waited, Child C continued meeting with her therapist and got the
8 necessary letter of support for hormone therapy.

9 9. During this time the therapist Child C was seeing contacted us, with her
10 permission, stating that her score on the PHQ 9 screener for depression had gone from “mild
11 depression” to “severe depression” in the span of six weeks and recommended follow up with a
12 medical doctor. I also inadvertently saw some messages Child C had sent to friends that
13 mentioned self-harm and suicidal ideation. I felt so helpless and terrified.

14 10. We worked with Child C’s primary care doctor for medication to help with the
15 depression. Child C began taking anti-depressants, which helped her mood but did not reduce
16 the dysphoria she was experiencing.

17 11. Throughout this time, I saw my daughter struggling with her identity and
18 dysphoria. Seeing my child struggling and being unable to help her caused me great distress and
19 anxiety. I began taking medication and started seeing a therapist because of my constant worry
20 for Child C’s wellbeing. Being able to schedule the appointment at the gender clinic to discuss
21 hormone therapy, however, was a light at the end of the tunnel. Though it was a long wait,
22 knowing that the appointment was coming made a big difference in Child C’s mental health, as
23 well as my own.

24 12. About a week before her first appointment at the gender clinic, Child C asked us
25 to contact our extended family and then post a statement on social media that she wrote asking
26 everyone to address her by her new name and pronouns. She was ready to be out and proud as

1 trans femme. This was a big milestone for Child C and our family, and it made things easier with
2 friends and family. The public coming out helped Child C, as she had gained confidence in
3 herself and her identity. She didn't want to hide that part of herself anymore.

4 13. After a long wait, Child C had her first visit at the gender clinic where we met the
5 care team including a social worker, nurse, and doctor. They asked Child C what her goals were
6 then explained how they could support her, including the options for medical treatment. They
7 clearly laid out the logistics, timeline, requirements and other details of the gender affirming care
8 they could provide. They pulled everything together into a plan to reach Child C's goals. We
9 discussed puberty blockers and estrogen with the care team and presented the mental health
10 evaluation letter from her therapist supporting medical intervention, as Child C knew what she
11 wanted.

12 14. After the initial appointment at the gender clinic, we waited another two months
13 before we could have the next appointment with the doctor to discuss and consent to Hormone
14 Replacement Therapy (HRT). The process was very involved, slow and deliberate. Multiple
15 medical professionals worked together with Child C and us, her parents, to determine the best
16 course of treatment for her. There were multiple assessments to ensure Child C was ready and
17 capable to receive the hormones.

18 15. In August 2022, six months after her referral to the gender clinic, Child C began
19 taking puberty blockers and estrogen—right before school started. Within a short time, things
20 got better. I like to say her “sparkle” was back. She went from being withdrawn and spending
21 most of her time in her room to being the outgoing and interactive person we knew. Child C
22 started coming back to herself—she was laughing again and making jokes, which was a huge
23 relief to me and my husband as parents. It was amazing the difference once she started taking
24 hormones. The positive changes were seen within a few weeks after starting gender affirming
25 care.
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1 16. Child C’s journey to where she is now has taken a while. The process was very
2 involved and required the whole family to work together with her therapist, social worker,
3 doctor, and others. It was nearly eight months after she initially requested to pursue HRT, that
4 Child C received a puberty blocker and took her first dose of estrogen. These are not decisions
5 that families are making on a whim. Now, after two and a half years on HRT, she remains
6 confident in her decision to start gender affirming care and is looking forward to the ability to
7 have further care including gender affirming surgery.

8 17. Child C is a happy, confident young woman about to turn 18. She is looking
9 forward to her high school graduation and making plans for college. Child C is amazing—she is
10 a bubbly, outgoing, funny person who loves music and playing in the school band and in the
11 youth symphony. She is an active member of the bowling team and was the varsity team captain
12 for two years. She is eager to start college and has already been accepted at two universities.
13 Coming out and receiving gender affirming care has made Child C so happy with herself.

14 18. Unfortunately, I’ve learned from talking with other parents of transgender youth
15 that our experience was not unusual. Before they receive gender-affirming care, nearly all of
16 their children experienced depression, self-harm and suicidal ideation—some much worse than
17 Child C’s. It is hard to describe how thankful we are that our child has been able to access this
18 medically necessary and life-saving treatment.

19 19. We are worried about the impact that the Executive Order could have on Child
20 C’s life. The conflicting definitions of “child” and “under 19 years of age” in the Executive
21 Order are particularly disturbing for us, as Child C will soon be in the newly confusing (and
22 frightening) age band of adults who are 18 years old but not yet 19. Blocking access to gender
23 affirming care will have tragic consequences. For the youth who have not yet received medical
24 care, they will not have the ability to climb out of the dysphoria and depression they face. For
25 the youth who are currently receiving puberty blockers and/or hormones, forcibly de-
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1 transitioning them will not only have physical consequences of changing their hormone levels,
2 it will most likely send them straight back to severe depression—or worse.

3 I declare under penalty of perjury under the laws of the State of Washington and the
4 United States of America that the foregoing is true and correct.

5 DATED this 12th day of February 2025.

6 M.S.
7 M.S.
8 Parent of “Child C”
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